Comments on Service Standard: Emergency Financial Assistance (EFA)

#	Item	Pg. #	Comment (include Citation or Justification if applicable)	DSHS Response	Resolution
1.	Services	Pg. 1	Please provide clarification of types of voucher programs. 'Initial medications purchased for this use are not subject to the $800/client/year cap'. This is unclear, if these funds are used for bridging a patient to ADAP, they can have upwards of 2 or 3 months of medication filled with EFA dollars. Does the $800 limit apply to prescriptions filled subsequently after that first 30 day prescription? Also, if patient's ADAP lapses and they have a gap in coverage and need bridging to ADAP again, is the $800 limit in place? If it takes upwards of 4 weeks for a patient to renew ADAP after a lapse, $800 will not cover medications. Is the intent, in these situations that the provider float the cost of medications or that the patient go without medications? Limited frequency needs to be defined. Or should be left up to the Grantee to be locally determined what is considered limited frequency as well as the $800 cap. It may be possible to mirror the language used in Housing standards "maximum amount of assistance shall be uniform throughout each area and be determined by: 1) PCs in areas where PCs determine recommended allocations for RW services funds, or 2) by the AA based on consumer input/planning processes in …" "The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary." Please clarify, reallocations for EFA are done by the subcategories allocated not by the total EFA allocated? Utilities subcategory is low and there are unexpended funds in medications, a reallocation request is required with DSHS approval even if not going outside of the EFA service category?	The use of the term "voucher" is a generic term in that all EFA funding used to pay for any allowable service must be paid directly to the vendor/ subcontractor. Direct cash payments cannot be made directly to the consumers per legislation. The purchase of medications and payment of dispensing fees consistent with the EFA standards are NOT subject to the $800/year per client cap. Limited frequency needs to be defined locally. As an example, EFA is an emergency assistance, therefore clients should not be accessing EFA services all 12 months of the year for utilities. The $800/year per client cap is applicable to EFA expenditures *other than* expenditures for medications and dispensing fees (e.g. rent, utilities, etc.). EFA should be tracked locally for determination of priorities specific to rent, utilities, and medications. Entry into ARIES and questions concerning reallocations should be directed to your DSHS program consultant.	

			Ryan White HIV/AIDS/State Services funds may be used to provide services in the following categories: ***What is limited use and limited periods of time? Can this be defined?***	The limits of use and periods of time, so long as they follow the HRSA program requirements, should be defined at the local level.	
2.	Services	Pg. 2	Specification of what constitutes as a temporary shelter? Why have mortgage payment been eliminated? 30-day supply reference – shouldn't it say not to exceed a 30 day supply Prescription medication assistance such as short term, one-time assistance for any medication and associated dispensing fee as a result or component of a primary medical visit **(30-day supply)** ***Will they pay for a 30-day supply just once? What if they need more than one 30-day period?***	Temporary shelter is defined by HOPWA as "facilities that are not permanent residences to eligible individuals to prevent homelessness." A short-term facility may not provide residence for any individual for more than 60 days in any 6-month period – Reference 24 CFR 574.330(a). Mortgage payments are not an allowable expense per the legislation. Please reference PCN 16-02. Concur. EFA Standard as drafted allows for up to two 30-day RX fills (e.g. 60 days in two 30-day increments, which can be sequential).	Standard revised to reflect "not to exceed a 30-day supply."
3.	Standard	Pg. 4	"with limited use of EFA for no more than 60 days (2 months or less)." Suggestion to either change to 90 days or until ADAP is secured due to history of ADAP process taking longer than 2 months. Regard Assisting Clients with Short-Term Medication Co-pays: "HIV+ clients with documented evidence of pending health insurance medication plan approval are able to <u>receive short-term HIV medication co-pay assistance</u> through EFA." Workgroup ask for clarity how will they have a co-pay if their medical insurance is pending?	No change. Accurate ADAP applications are processed in less than two months. Concur.	"Copay" deleted from Standard.
4.	Stand and Performance	Pg. 4	Assisting Clients during ADAP eligibility determination period: HIV+ clients with documented evidence of emergency need of	Otherwise LPAP-eligible clients who have need for medications other than those on	

	Measure		HIV medications are able to receive **short-term medication assistance** (30-day supply) with limited use of EFA for no more than 60 days (2 months or less). ***Does this include all medication on the LPAP formulary? Is this only HIV medication? What about anti-biotics?***	the ADAP formulary may receive medications from LPAP without need to wait for their ADAP application to be processed.	
5.	Standard	Pg. 5	Standard says they are unable to provide for basic needs and shelter – Clarification of what it means and how do they prove it? The Service Plan will be developed – Is this going to be something that is in addition to the Care Plan? "A service plan will be developed documenting client's emergent need resulting in their inability to pay bills/prescriptions…" Workgroup discussed that not all clients that receive Emergency Financial Assistance are case-managed so this needs to be addressed. "A service plan will be developed documenting client's emergent need resulting in their inability to pay bills/prescriptions…" Workgroup discussed that not all clients that receive Emergency Financial Assistance are case-managed so this needs to be addressed.	The assessment of need should clearly indicate that the client cannot provide for basic needs and shelter (e.g., no income or limited income, homelessness, uninsured/underinsured). If a client is not being case managed, there would not be a care plan developed with EFA as one service within the overall care plan. A service plan would be developed for clients that have just this emergent need and are NOT case managed. This standard does not require the EFA service plan to be performed/completed by a case manager. Again, if clients need assistance with EFA ONLY, and are not being case managed for other services/needs, the service plan for EFA would indicate the need for EFA, what other resources were considered, and what the outcome is from providing the EFA service.	
6.	Standard	Pg. 6	"…within three (3) business days of approval" assistance should be issued in response to need or timely fashion. This should be left up to local areas to respond to the need of the client. "Payment for assistance made to service providers will protect client confidentiality. •<u>Use of checks and envelopes that de-identify agency as HIV/AIDS provider</u> to protect client confidentiality" Workgroup discussed how having non-descriptive checks and envelopes might not be feasible for agencies.	No change. Three business days is a reasonable expectation for a service designed to respond to an 'emergency financial need.' This is not new. It is imperative that agencies de-identify checks, vouchers, envelopes, etc. to protect client confidentiality. Client confidentiality is a program requirement.	

7.	Performance Measure	Pg. 6	"Percentage of clients with documented evidence of payments made by agency for resolution of ER status." Did you mean EFA status and not ER status? "Percentage of clients with documented evidence of payments made by agency for resolution of ER status (copies of checks/vouchers available)." Workgroup asks what ER stands for they did not see it spelled out in any other section of the document.	Concur.	Standard revised to reflect "emergency."